DEPARTMENT OF PUBLIC HEALT AND WELFARMS  PROTOST PRINTS  AMENDED  REV. 41/50	$\lambda_{\rm M}$ Missouri division of health – standard certificate of death $-63-000476$									
ON THE STUDY  REAL OF JUST AND ALL COUNTY  PART OF PROBLEM FOR THE STUDY  REAL OF JUST AND ALL COUNTY  PART OF THE STUDY  REAL OF JUST AND ALL COUNTY  PART OF THE STUDY  REAL OF JUST AND ALL COUNTY  REAL COUNTY  REAL OF JUST AND ALL COUNTY  REAL COUNTY  REAL OF JUST AND ALL COUNTY  REAL COUNTY	DEPA	DEPARTMENT OF PL				LIC R	HEALTH AND WELFARE 3 Primary Registration District No. 3007 Registrat's No. 1291	STATE FILE NU	MBER	
NS 300  B. CTY II forested concerned lines, part TOWNSHIP only)  Length of stay in lin  C. CHULKNAME OF INTEREST CONTROLL 2 HOURS  C. CHULKNAME OF INTERES	ON THIS STUB		AME	NDED		_	FILED FER 8 1963			
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A COURT A COR PACE AND THE PACE OF DEATH AND THE STATE OF DEATH OF A NOTIFICAL STATE OF	Rev. 4/59	Ι <u>Ξ</u>	1	ĺ	1 1	_	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c. CITY		Inside Limits	
A COURT A COR PACE AND THE PACE OF DEATH AND THE STATE OF DEATH OF A NOTIFICAL STATE OF	36.30	₩.								
3 3 3. RAME OF DECEMBED   First   Middle   Lest   -1 DATE   Month   Day   Year		ய		,		•	HOSPITAL OR O ADDRESS	outside, give location)		
Continue			+	_	- 1		NAME OF DECEASED Sign Middle Last A DATE	Month Day		
S. SEX  OCOGE OR RACE  7. Merried B. Never Married B. Never Married B. ADATE OF BIRTH 9. ADG (auth birthday) If UNDRES I YEAR IF UNDRESS IN UNDRESS OR INDUSTRY  10. USDANLOCKUPATION (Sive kind of work does 10b. KIND OF BUSINESS OR INDUSTRY 10 BIRTHPACE City and state or country)  12. CITIZEN OF WHAT COUNTRY  Addings That I was a control of working title, even if retired  13. MARRIED FORCES?  14. NAME OF HUSSAND OR WIFE  15. WHAT DECAME THE IN U.S. ARMED FORCES?  16. CAUSE OF BEATH (Enter only one cause post line)  17. NAMEDIATE CAUSE (is)  18. CAUSE OF BEATH (Enter only one cause post line)  19. WAS AUTOPSY 20b. ACCIDENT SUICIDE HOMICIDE  19. WAS AUTOPSY 20b. ACCIDENT SUICIDE HOMICIDE  19. WAS AUTOPSY 20b. ACCIDENT SUICIDE HOMICIDE  20. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART I or FART II of them 18.)  21. I amended the deceased from 1. James Country (State)  22. SIGNANUS CITY TOWN OF CERNATION (20b. page 25). AND ARMED ACCOUNT (20b. page 25). AND ARMED ACCOUNTY STATE  22. SIGNANUS COUNTS (10b. page 25). AND ARMED ACCOUNTY STATE  23. SIGNANUS CITY TOWN OF CERNATION (20b. page 25). AND ARMED ACCOUNTY STATE  24. AND ARMED ACCOUNTS SUICIDE HOMICIDE  25. SIGNANUS CITY TOWN OF CERNATION (20b. page 25). AND ARMED ACCOUNTY STATE  26. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART I or FART II of them 18.)  26. DEATH CREMATION. 12b. DATE  27. AND ARMED ACCOUNTY STATE  28. BURNAL CREMATION. 12b. DATE  29. DATE CO. OF INJURY OCCURRED. (10b. page 25). AND ARMED ACCOUNTY			11			١.	(Type or print) OF	_	-1063	
100. USUAL OCCUPATION GIVE liked of work done 10b. KIRD OF BUSINESS OR INDUSTRY W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY CAY MINUS W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try and state or country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE (try in the state of country in STATE WAS CAUSE W BIRTIPLACE W BIRTIPLACE (try in the state of country) 12. CITIZEN OF WHAT COUNTRY WAS CAUSE W BIRTIPLACE W BI	4 0					5.	SEX , 6. COLOR OR RACE 7. Married 図 Never Married □ 8. DATE OF BIRTH 9. AGE (last b	irthday) IF UNDER 1 YEAR		
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10 10 10 10 10 10 10 10 10 10 10 10 10 1	87.1		1 1				. WAS DECEASED EVER IN U.S. ARMED FORCES?		01 00	
PART II. DEATH WAS CAUSE BY:   Conditions, if any which gave rise to above cause (a), string the underlying cause last.   DUE TO (b)   AVTEXIO SCIENCES   Conditions, if any which gave rise to above cause (a), string the underlying cause last.   DUE TO (c)   Set.   TY	94500	₩		.		. (Ye	No Mas. Cuison		12/44	
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Which gave rise to above cause (a), stating the under-ling cause (a), stat	11	ଧ ଧ	11		Š		IMMEDIATE CAUSE (a) CON YEAR TOLE / VENTA / 174 107		00:13	
BOY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal relating the underlying cause last.    PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal relating the underlying cause last.   PART III. If deceased was female was there a pregnancy in last 90 days.	14 / 14				8					
AND STATE    STATE   Control of the state of	<del></del>			$\perp$	.		above cause (a), stating the under-			
NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m. 20f. CITY, TOWN, OR LOCATION COUNTY STATE arm, factory, street, office bldg., etc.)  21. I attended the deceased from 1/3/63 to 1/3/63 and last sew him elive on Death occurred at 222c. DATE 91GNED 22b. APDRESS  222c. DATE 91GNED 23b. HOLD CITY, town, or county)  23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d-toCATION (City, town, or county)  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG. 26. REGISTRAR SIGNATURE		이				§ S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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NOT WRITE AT WORK  21. I attended the deceased from 1/3/63, to 1/3/63 and last saw him slive on 1/3/63  Death occurred at 225. Date stated above, and to the beat of my knowledge, from the causes stated.  2225. SIGNATURE  2226. DATE SIGNED  2226. DATE SIGNED  2226. DATE SIGNED  2236. NAME OF CEMETERY OR CREMATORY  2326. DOALD SIGNATURE  2326. DATE SIGNATURE  2326. DATE SIGNATURE  2326. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  2326. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  2326. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  2326. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  2327. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  2328. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  2329. DATE RECD. BY LOCAL REG. 26. REGIS		⋖	1.1.			뮕	p.m.			
21. I attended the deceased from //3/63 , to //3/63 and last saw him slive on //3/63  Death occurred at 225. Date on the date stated above, and to the best of my knowledge, from the causes stated.  226. SIGNATURE  226. SIGNATURE  226. DATE SIGNED  236. NAME OF CEMETERY OR CREMATORY  236. HOCATION (City, town, or county)  236. POPENT TUNEY ADDRESS  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  26. POPENT TUNEY TOWN - Naylor, He 2 -5 - 1863  26. REGISTRAR'S SIGNATURE  27. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  28. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  29. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  20. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  27. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  28. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  29. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATUR							20d. INJURY OCCURRED WHILE AT WORK □ NOT WHILE AT WORK □	COUNTY	STATE	
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PARRENT FUNERAL DIRECTOR ADDRESS DATE RECO. BY LOCAL REG. 726. REBISIRARS SIGNATURE LEARNING.		25	$\coprod$		\$\ ¥	- <u> </u>		City, toyyn, or county)		
PARRENT FUNERAL DIRECTOR ADDRESS DATE RECO. BY LOCAL REG. 726. REBISIRARS SIGNATURE LEARNING.		Š	·		FID,		outial 12 2-1963 Gum Cemetery Ripley	County, Si	1550URI	
(Lichard Embalmer's Statement on Reverse Side)		TEM	-		Ϋ́	0	FUNERAL DIRECTOR ADDRESS ADDRESS 25. DATE RECD. BY LOCAL REG. 726. REGIS	TRAR'S SIGNATURE	have	
	J	-		1	a.	/£	(Lichnead Embalmer's Statement on Reverse, Side)	-mu pour		

1 hereby certify	that the body whose	name is recorded on the reve	erse side of this certificate was embalmed by me,
or by			Student Embalmer No
working under my per	sonal supervision.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Student	nature of Student Embalmer	Signed	LUC MANEN
Sign	leture of Student Empatmer	J	Licensed Embalmer No. 4809
•		4" , 62°	P. O. Address aylar, Mu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.